## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 18 rimary Registration District No. \_\_\_\_1003 Registrar's No. 1066 63 - A411 Navign Registration District No. DO NOT WRITE ON THIS STUB AMENDED USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY a. STATE Missouri COUNTY VS 300 admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b Inside Limits OR 10WN St. Louis Unknown TOWN St. Louis Yes 📆 No 🗅 c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm ļω HOSPITAL OR M 4518 Blain institution Jewish Hospital Yes 30 No 🗎 Yes | No TX 20 3. NAME OF DECEASED Middle First Last 4. DATE Month Year (Type or print) SARAH EVERETT October 27, 1963 DEATH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 6. COLOR OR RACE Never Married [] 5. SEX 7. Married | DATE OF BIRTH Months Female White Widowed 📆 Divorced Unknown about 80 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 10s, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife: Russia USA 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 13a, FATHER'S NAME Joseph Waldman Zlota Unknown Max 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes, give war or dates of service) NONO Joseph Koslow 8628 W. Kingsbury ARI INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line PART I DEATH WAS CAUSED BY: DOCUMEN ONSET AND DEATH 10 energy UNSCULAN ACCIDEN Serio DAYS IMMEDIATE CAUSE (a) Ιō 11 Conditions, if any, ) 1264-0 which gave rise to above cause (a). 33/x stating the under-13 DUE TO (c) lying cause last. PART III, If deceased was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. disease condition given in PART I (a) DLABLES ☐ Yes □ Unknown AMENDMENT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART It or PART II of item 18.) HOMICIDE SUICIDE WAS AUTOPSY 20a. ACCIDENT PERFORMED? YES | NO 12-20c. TIME OF Hou Month, Day, Year RIBBON INJURY a.m. p.m COUNTY STATE 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, streat, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK IT *IYPEWRITER* READ 10-7-63 and last saw her alive on\_ 10-6-6 21. I attended the deceased from on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred 5 T- 1-0015 , 22c. DATE SIGNED 22b. ADDRESS (Degree or title) 16

25. DATE RECD. BY LOCAL REG.

23c. NAME OF CEMETERY OR CREMATORY

Chesed shel Emeth

23a BURIAL, CREMATION,

24. FUNERAL DIRECTOR

Removal

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ITEM

REMOVAL (Specify

23b. DATE

Berger Memorial 4715 McPherson Avenue:

23d. LOCATION (City, town, or county)

University City.

na dun ia

or by		, Student Embalmer No
workińg under my personal supervision.		$\Theta \cdot \Theta = 0$
Student		Signed / Muso // / / Madusa
	Signature of Student Embalmer	
	• .	Licensed Embalmer No. 4229
		'P. O. Address

. Note: The, above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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